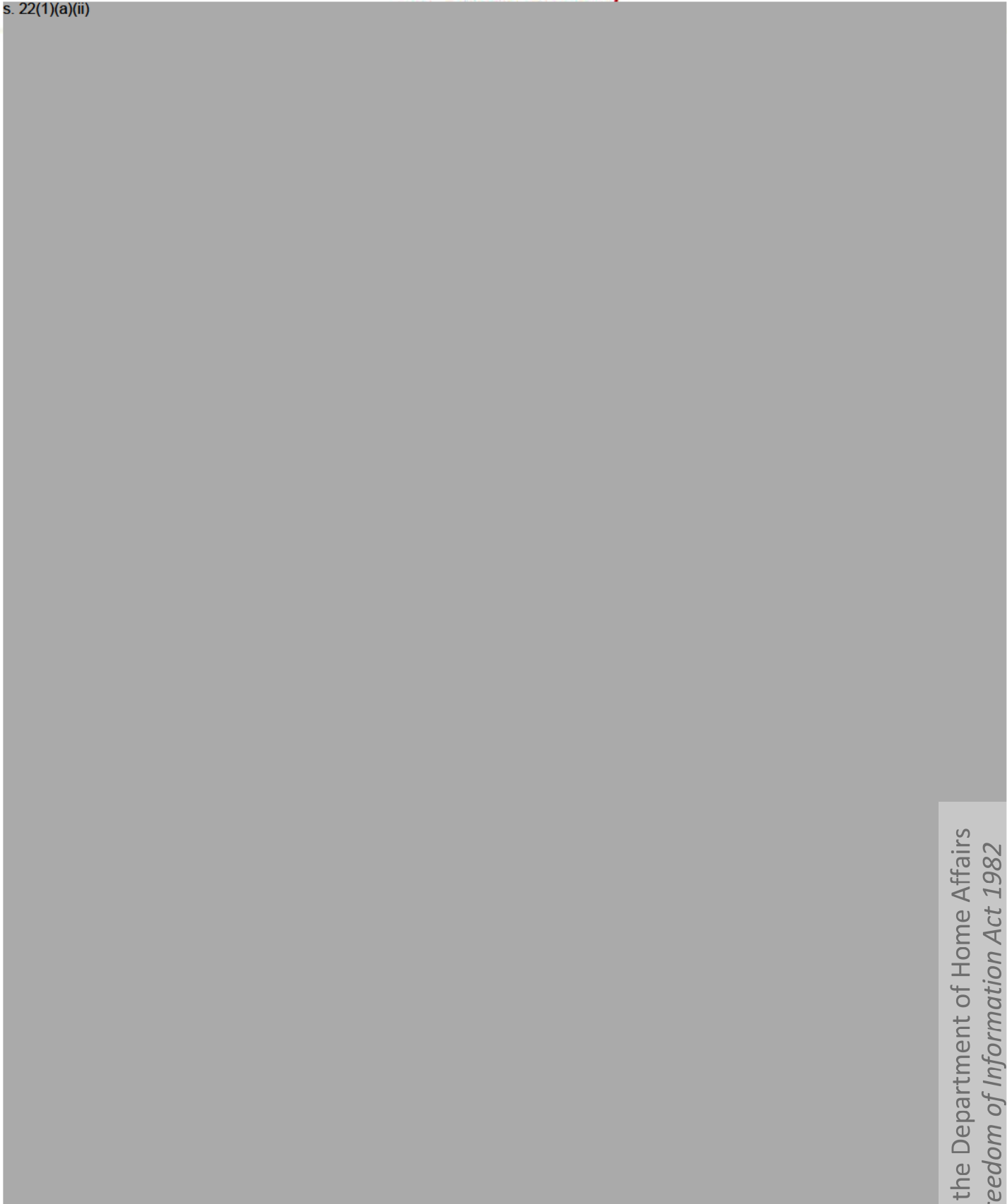


For Official Use Only


s. 22(1)(a)(ii)



Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

For Official Use Only
people our business

s. 22(1)(a)(ii)



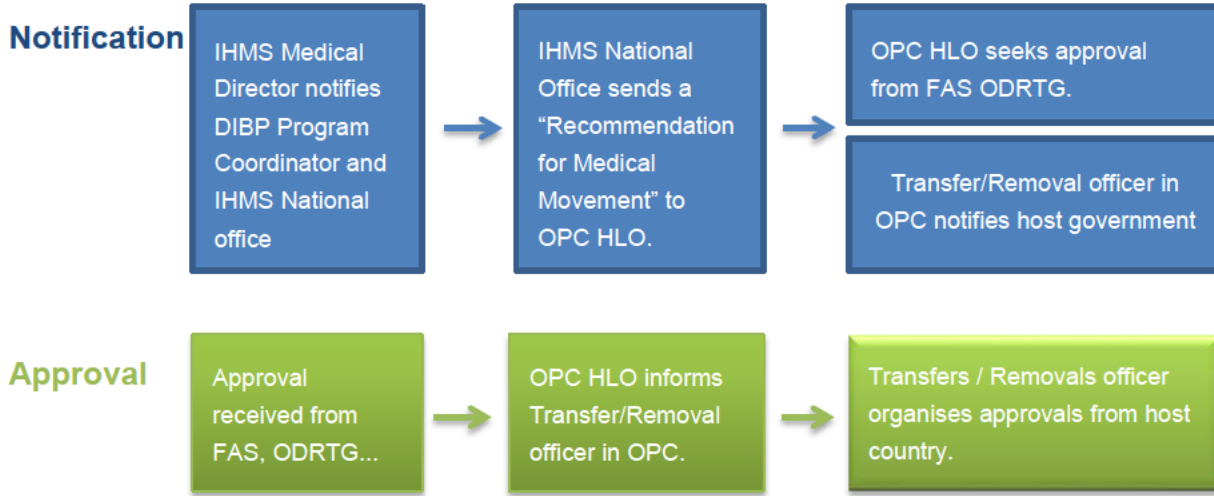


s. 22(1)(a)(ii)



Attachment A

Medical Transfers to Australia: Process Mapⁱ



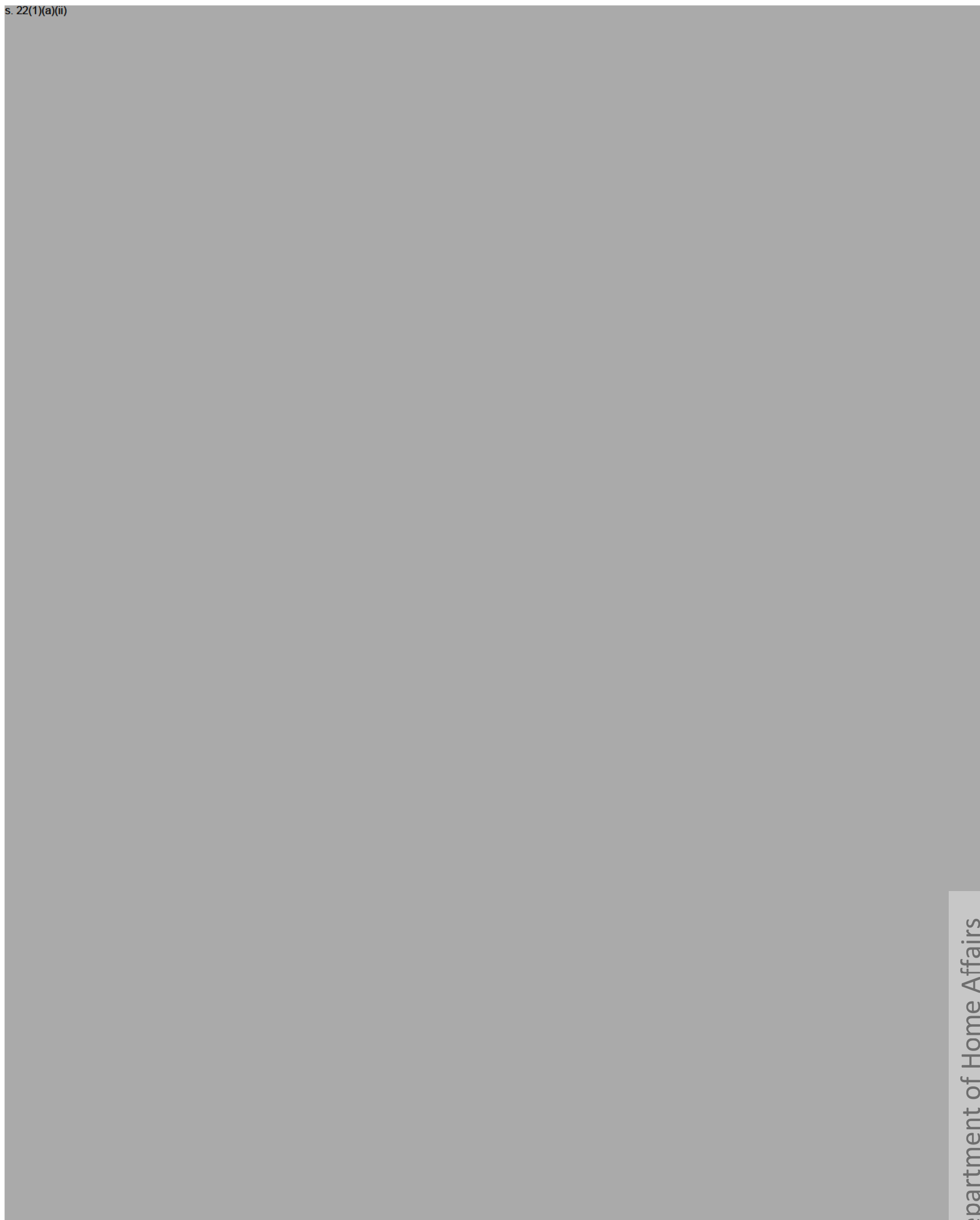
s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)



Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*



Attachment B

Medical Transfers to Australia: Document Checklist

Stage	Documents	Completed/Organised by	Sent to
Notification	Recommendation for Medical Movement	IHMS National Office	OPC HLO
Approval	FAS approval	OPC HLO through Nauru/Manus Operations Coordination Section	FAS ODRTG
	Approvals/clearances from host government	Transfers/Removals Officer in OPC	OPC HLO to be informed.


s. 22(1)(a)(ii)

Released by the Department of Home Affairs
under the Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)



¹ In Nauru, for charter flights and air ambulance only.



s. 22(1)(a)(ii)

Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)

Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*



Australian Government
Department of Immigration
and Border Protection

Medical Transfers and Evacuations

Offshore Operating Procedures

Table of Contents

Medical Transfers and Evacuations 1

 Offshore Operating Procedures 1

 Table of Contents 2

Introduction: Medical Transfers and Evacuations 3

 Other Related Policy and Resources 3

Medical Transfer and Medevac: Definitions 4

 Medical transfer from OPC to Australia 4

 Medevac from OPC to Australia 4

s. 22(1)(a)(ii) [Redacted]

Medical Transfer / Medevac to Australia: Step by Step Guide 5

 1. Notification 5

 2. Approval 5

s. 22(1)(a)(ii) [Redacted]

s. 22(1)(a)(ii) [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Introduction: Medical Transfers and Evacuations

This Offshore Operating Procedure (OOP) provides procedural advice for organising medical transfers and medical evacuations (medevac) from Offshore Processing Centres (OPC) to mainland Australia. It also provides guidance for managing medical transfers from Manus OPC to Port Moresby.

The following tools are to be used in conjunction with the OOP:

- Attachment A - Medical Transfers– Process map
- Attachment B – Document checklist
- Attachment C – Medical Transfers and evacuations - Key Contacts List

Other Related Policy and Resources

PAM3 - MIGRATION ACT > Detention Services Manual > Chapter 6 - Detention health

Duty Phone OOP

Comcare Reporting OOP

Record Keeping OOP

Background: Medical Transfer and Medevac

Medical transfer from OPC to Australia

If a transferee presents with significant health conditions that cannot be managed in the OPC or the local hospital, the International Health and Medical Services (IHMS) may recommend transfer to mainland Australia. IHMS' recommendation requires approval from the DIBP SES delegate and on some occasions, the Minister.

s. 22(1)(a)(ii)

Medevac from OPC to Australia

IHMS may recommend a medevac to mainland Australia in rare cases, for instance, a critical incident or a medical emergency. IHMS' recommendation requires approval from the DIBP SES delegate and on some occasions, the Minister.

The transferee is airlifted from the OPC to Australia by medevac (air-ambulance) arranged by International SOS (ISOS). s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

IHMS stakeholders

The following IHMS stakeholders would generally be involved in a medical transfer/ medevac:

- IHMS Medical Director in the OPC – makes the initial assessment of whether a transferee needs to be moved to Port Moresby or mainland Australia for treatment.
- IHMS National Office (located in Sydney, NSW) – confirms the OPC based IHMS Medical Director's decision and notifies NatO.
- IHMS Assistance Centre (also located in Sydney, NSW) – provides updates on the transferee's health status and care (through daily incident reports, e-mails or planned teleconferences – see OOP for further details).
- IHMS Health Services Manager (HSM) in the mainland detention facility – organises care and escort requirements for transferee's arrival and return, and follow-up care (including outpatient appointments) after transferee is discharged from hospital.

Medical Transfer / Medevac to Australia: Step by Step Guide

Note: For ease of reference, the process is presented in the flowchart in Attachment A, page 1.

1. Notification

1.1. Notify DIBP Programme Coordinator (EL2 lead)

The IHMS Medical Director in the OPC assesses that a transferee's medical condition cannot be treated / managed locally and notifies the DIBP Programme Coordinator (directly or through the OPC duty phone officer) and IHMS National Office.

1.2. Notify National Office (NatO)

IHMS National Office confirms the necessity to bring the transferee to an Australian medical facility and sends a completed "IHMS Recommendation for Medical Movement" form to the OPC Health Liaison Officer (HLO) in DIBP National office.

If a medevac is required, IHMS National Office simultaneously liaises with ISOS to organise suitable transport and cost the process and notifies the OPC HLO to seek approval.

1.3. Notify DIBP Key SES

The OPC HLO through the Director, Nauru/Manus Operations Coordination Section seeks FAS approval of the transfer. The FAS, Offshore Detention and Returns Taskgroup (ODTRG) is the delegate for approving medical transfers / medevacs.

If the transferee's medical condition is the result of a protest action or self-harm, a submission is prepared for Ministerial consideration. The DIBP Programme Coordinator provides situation reports and medevac planning updates to FAS, ODTRG as required.

1.4. Notify Host Country

The DIBP Transfers/Removals Officer in the OPC notifies the host country.

1.5. Notify Key OPC Stakeholders

The Transfer/Removals Officer also notifies key non-DIBP stakeholders in the OPC, including service providers, the Australian High Commission and the OPC Government Administrator.

2. Approval

2.1. DIBP SES / Ministerial Approval

FAS, ODTRG may sometimes request further information from the Medical Officer of the Commonwealth or an independent medical adviser before approving a medical transfer or medevac. This is facilitated by the OPC HLO.

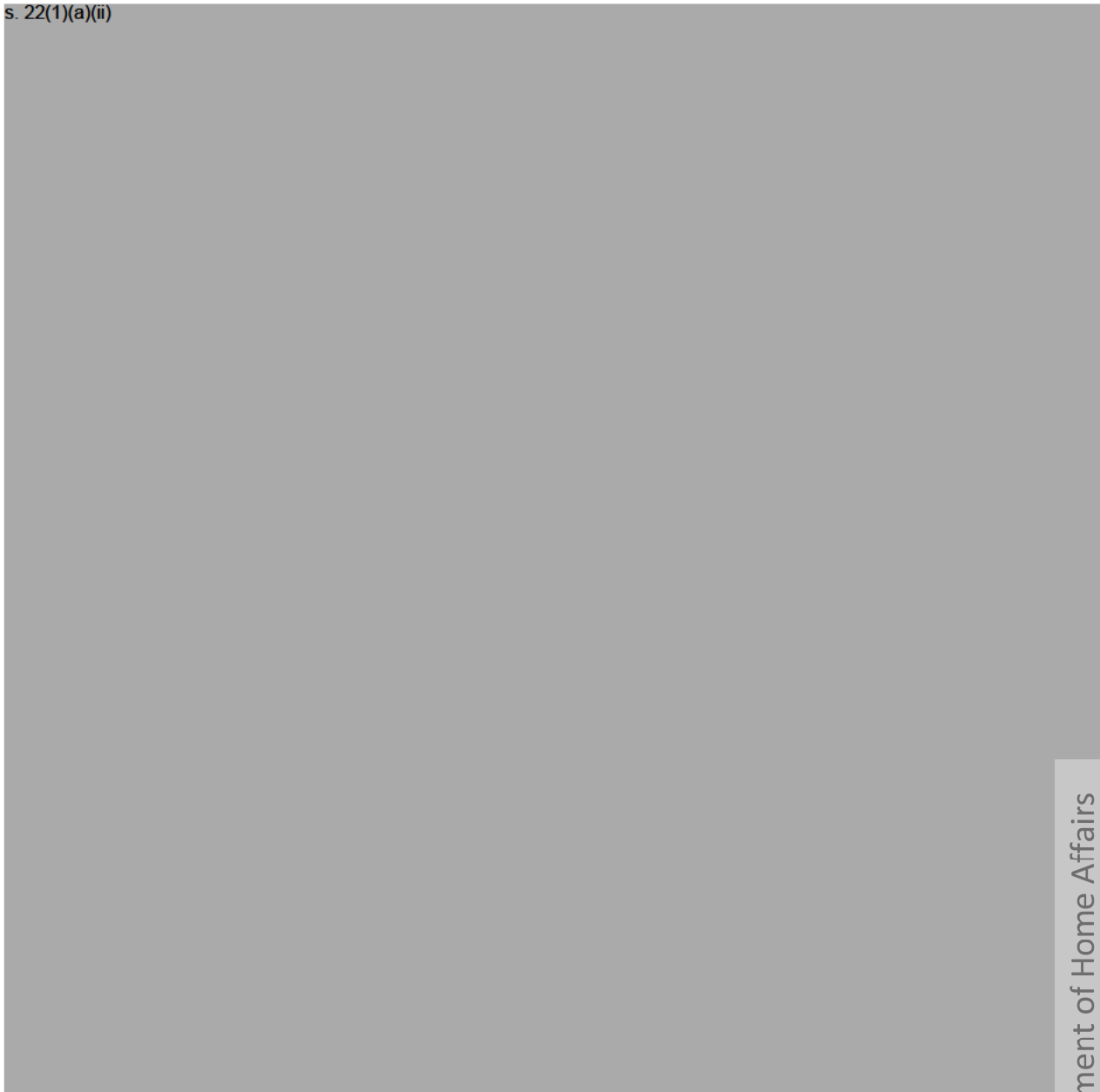
If Ministerial approval is required (see 1.3), it is facilitated by the Director of the Nauru/Manus Operations Coordination Section in DIBP National Office through FAS, ODTRG.

2.2. Host Government Approval

Once notified of FAS or Ministerial approval by DIBP National office, the Transfer/Removals Officer in the OPC organises approvals¹ from the host country government, including customs clearances and visa processing.

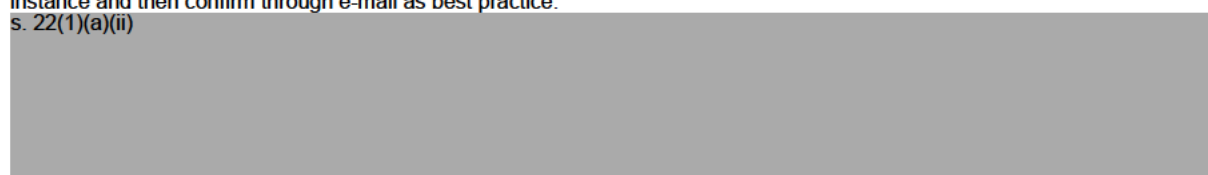
If a medevac is recommended, the DIBP Transfers/Removals officer also needs to facilitate aircraft clearances with the host country government.

s. 22(1)(a)(ii)

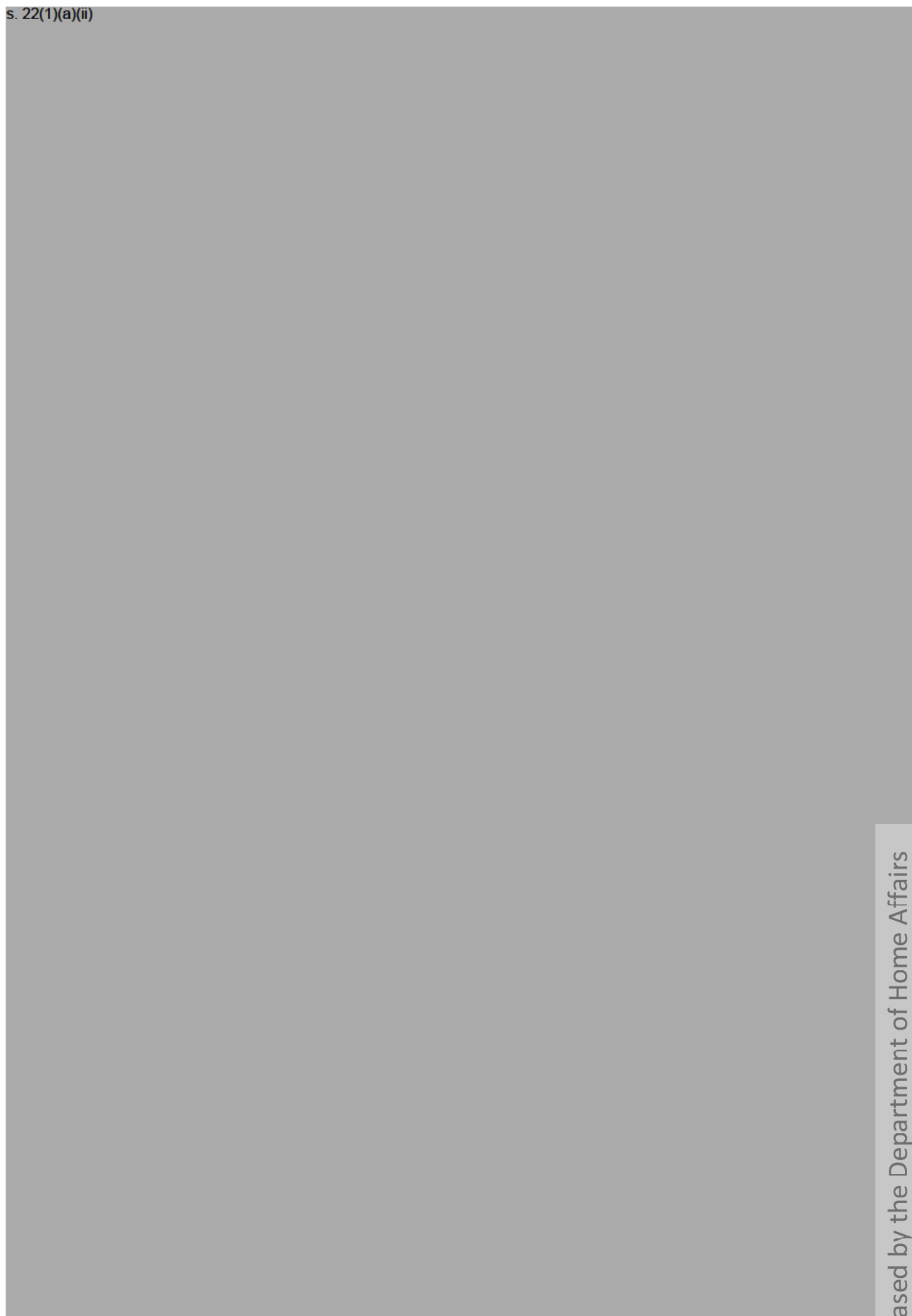


¹ Generally, Transfers/Removals Officers obtain verbal approval /clearances from the relevant host country official in the first instance and then confirm through e-mail as best practice.

s. 22(1)(a)(ii)

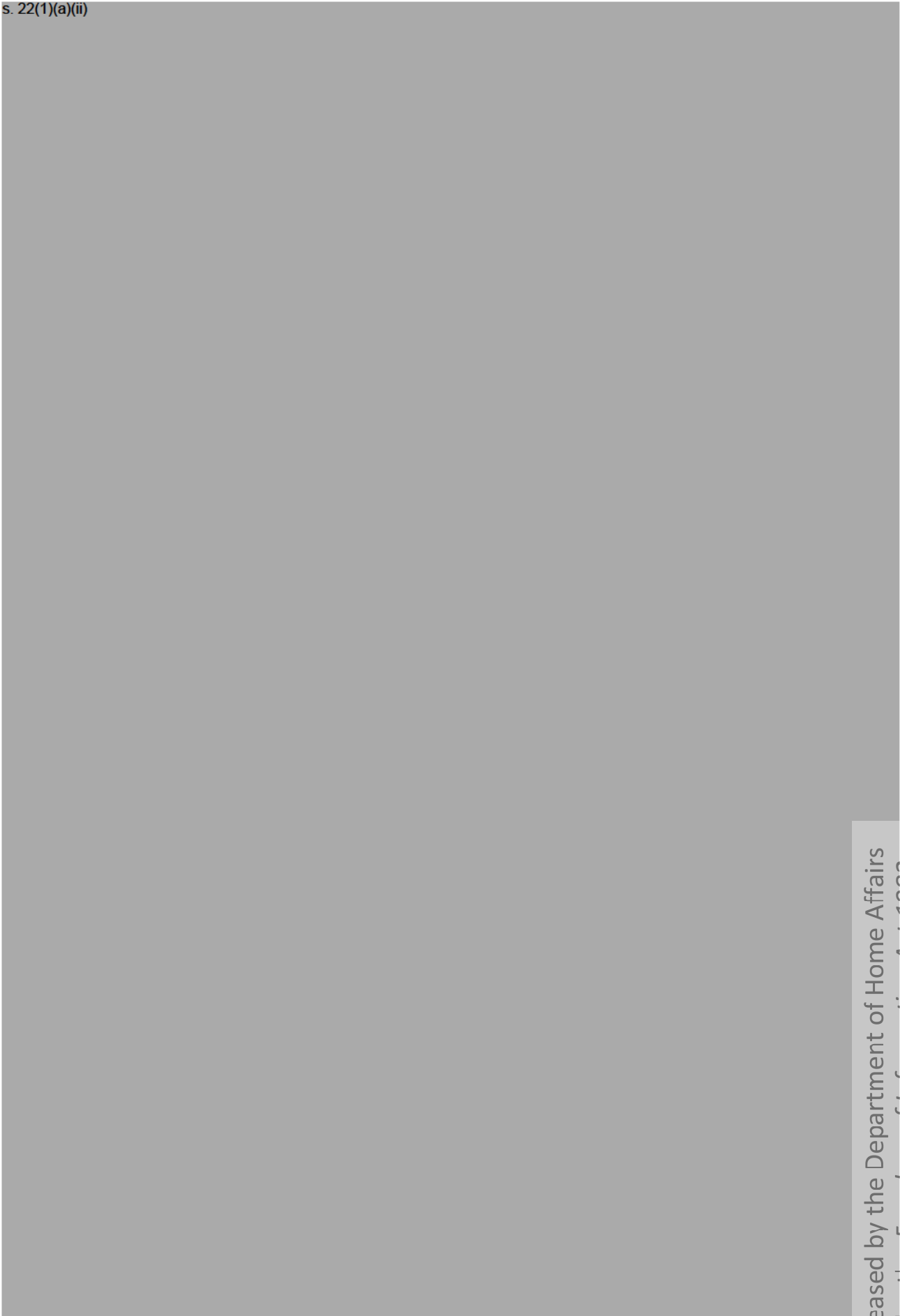


s. 22(1)(a)(ii)



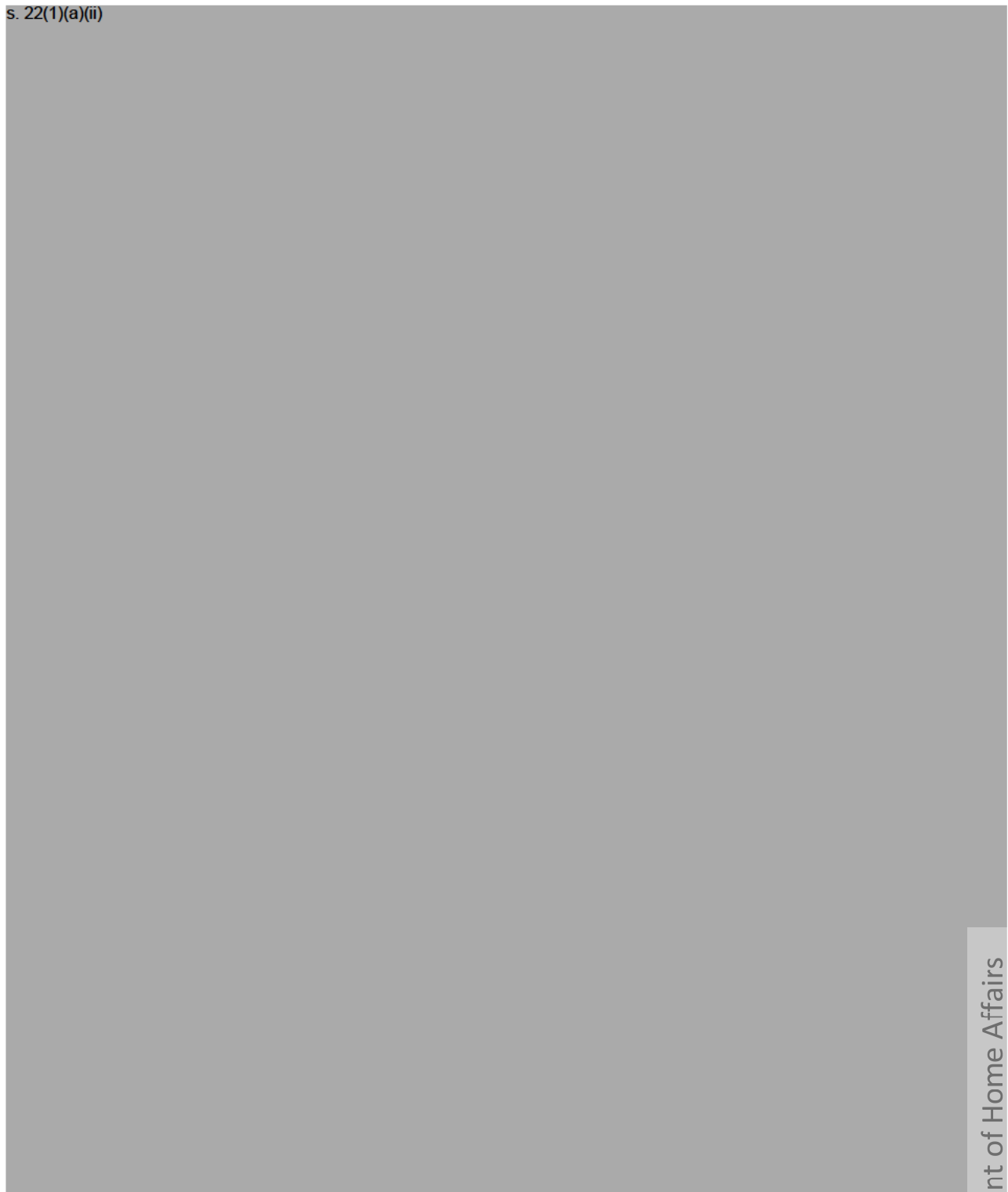
Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)



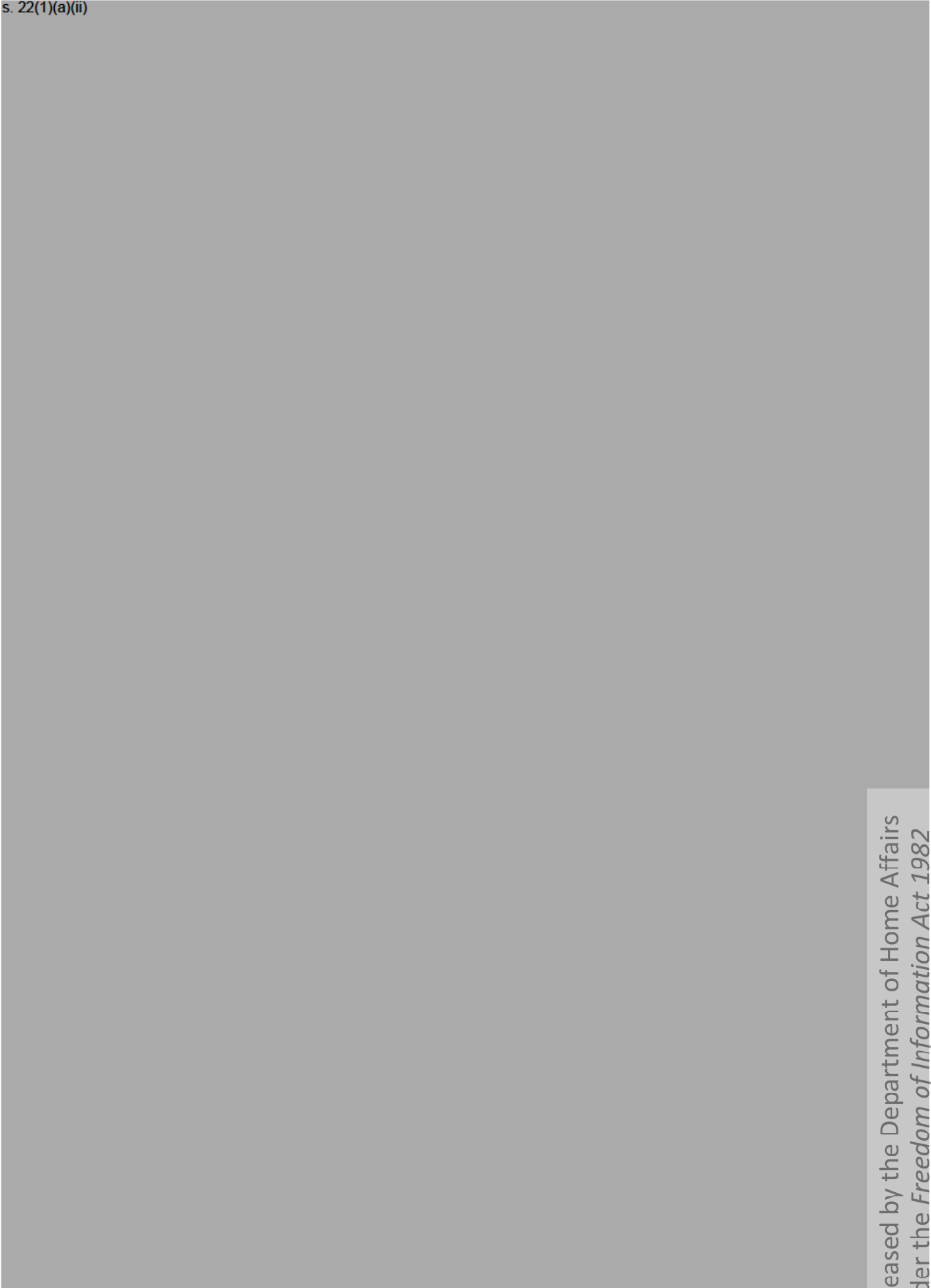
Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)



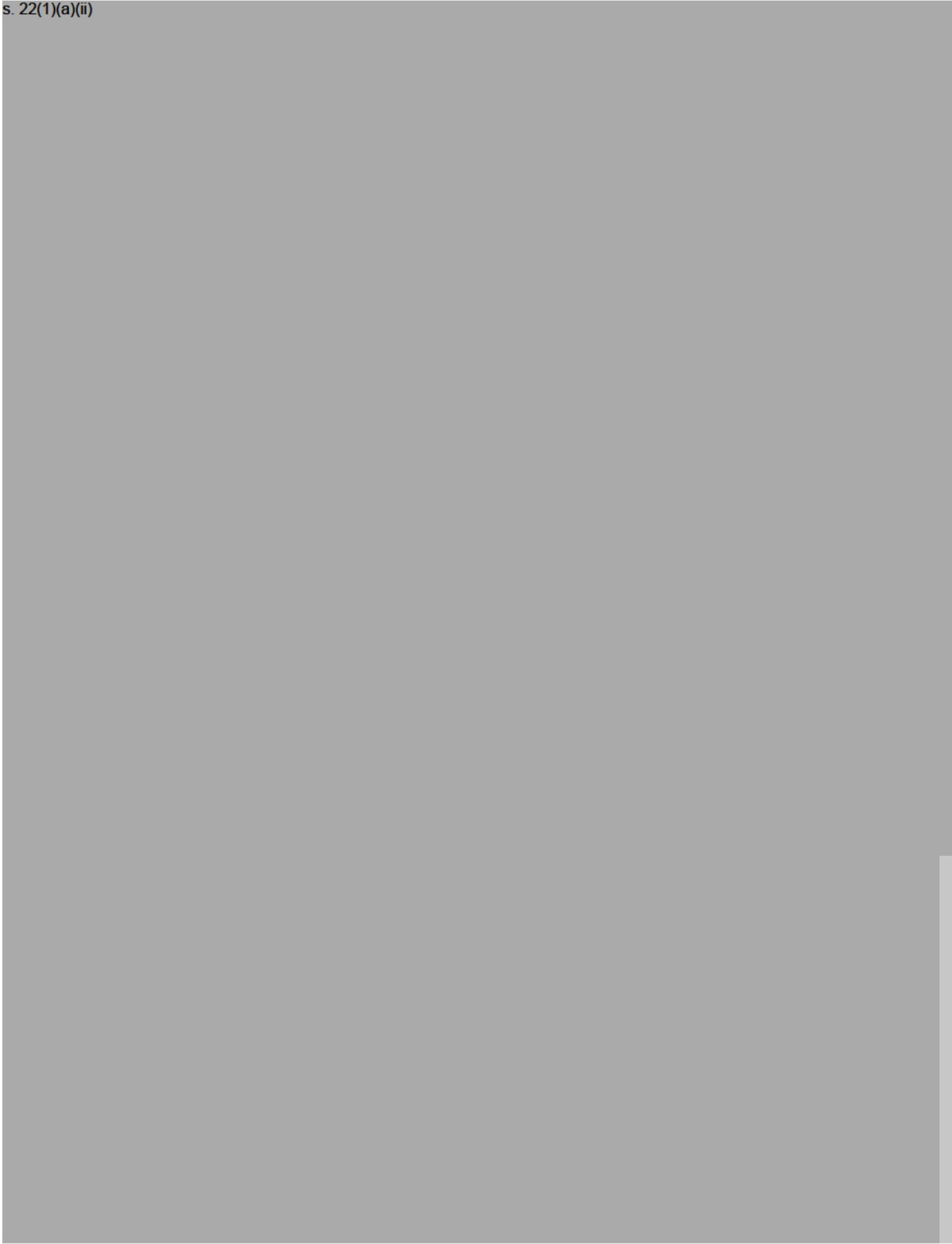
Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)



Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*

s. 22(1)(a)(ii)



Released by the Department of Home Affairs
under the *Freedom of Information Act 1982*



**Australian
BORDER FORCE**

Transitory Persons Committee (TPC)

Terms of Reference

April 2018

Table of Contents

1	Role	3
2	Authority	4
3	Responsibilities.....	4
4	Membership.....	4
5	Role of the Chair.....	4
6	Role of the Members	5
7	Role of the Secretariat and Administration.....	5
8	Quorum.....	5
9	Meetings	5
10	Submissions and Consultation	5
11	Escalation	6
12	Document Control	7

Transitory Persons Committee (TPC) – Terms of Reference

1 Role

The TPC will meet to discuss and make a recommendation to the Assistant Commissioner, Detention and Offshore Operations Command, about the transfer of a transferee, refugee or non-refugee from Papua New Guinea (PNG) or Nauru to Australia for medical treatment in accordance with policy. The Assistant Commissioner, Detention and Offshore Operations Command, will decide whether a transferee, refugee or non-refugee is brought to Australia for medical treatment. His or her decision is unfettered by the recommendation of the TPC.

A TPC meeting will be convened when the Australian Border Force (ABF) has received a Request for Medical Movement from:

- a treating physician in PNG who has been contracted to provide medical services to transferees, refugees or non-refugees on behalf of the government of PNG, or
- the government of Nauru

after an assessment concludes that the respective country is unable to provide an appropriate medical service to the transferee, refugee or non-refugee.

The TPC will not consider medical transfers to Australia if the treatment to preserve the transferee, refugee or non-refugee's life is available in the country in which they are located or can be provided by a third country, even if that treatment is of a lower medical standard than treatment in Australia.

Before making a recommendation to transfer to Australia the Assistant Commissioner, Detention and Offshore Operations Command, the TPC must be satisfied:

- That the condition from which the transferee, refugee or non-refugee suffers meets the policy for transfer to Australia;
- That treatment sufficient to save their life is not available either in the country in which they are located nor in any third country to which transfer is available;
- That there are no legal barriers to the transferee, refugee or non-refugee leaving the country in which they are located; and
- That the transferee, refugee or non-refugee has provided written consent to the disclosure of their full medical records – both from the country in which they are located and future medical records created while in Australia – to the ABF or its agents - and they have been informed and signed a declaration to the effect that they acknowledge that they will be temporarily transferred and returned to either the country in which they are located or their country of origin as soon as the medical reason for which they may be transferred to Australia has been finalised.

2 Authority

The TPC is established under the authority of the Chief Operating Officer.

3 Responsibilities

The TPC provides advice to the Assistant Commissioner, Detention and Offshore Operations, regarding the possible transfer of transferees, refugees or non-refugees to Australia.

In order to effectively discharge their obligations, members of the TPC must:

- understand the medical care available in PNG or Nauru, either through medical facilities operating in those countries or through contracted service providers;
- understand the medical care available in third countries with which the government of Australia, PNG or Nauru has an arrangement for the treatment of transferees, refugees or non-refugees.

The First Assistant Secretary, Health Services, Policy and Child Wellbeing Division will decide whether any family members of the transferee, refugee or non-refugee accompany that person to Australia for medical treatment (*Medical transfer of transitory persons to Australia: accompanying family members* policy statement refers).

4 Membership

The Chair of the TPC may, at their discretion, include additional members on a temporary or permanent basis as required. The core membership is:

- Assistant Commissioner, Detention and Offshore Operations Command
- First Assistant Secretary, Property and Major Contracts Division;
- First Assistant Secretary, Health Services, Policy and Child Wellbeing Division.

People acting in the above roles can attend meetings as proxy for the substantive position holder. Proxys are otherwise not permitted, unless in exceptional circumstances and where expressly agreed by the Chair.

A Medical Officer of the Commonwealth (normally represented by the Chief Medical Officer or Deputy Chief Medical Officer) must attend each TPC meeting. The Medical Officer of the Commonwealth is an advisor to the Committee.

Other possible advisors include the Commander Offshore Operational Coordination, officers from Legal Services Division, International Division, or within the divisions of TPC members.

5 Role of the Chair

The TPC will be convened by the First Assistant Secretary, Health Services, Policy and Child Wellbeing Division.

The role of the Chair is to:

- convene the TPC as required, including any advisers as needed;
- facilitate open discussion;

- conduct each meeting in accordance with the agenda and organisational requirements to enable participation, discussion, problem solving and resolution of issues;
- facilitate and record a recommendation to the Assistant Commissioner, Detention and Offshore Operations about the transfer of a transferee, refugee or non-refugee to Australia for medical treatment.

6 Role of the Members

The role of the Members is to:

- consider whether the policy for medical transfer to Australia has been met;
- advise the Assistant Commissioner, Detention and Offshore Operations Command, accordingly.

7 Role of the Secretariat and Administration

Offshore Health Operations will be responsible for secretariat and administration services including:

- provision of agendas to the Chair (or proxy) for approval;
- collating and distributing agendas and submissions to Members (including timeframes);
- reviewing submissions prior to distribution;
- recording minutes and/or action items from both face-to-face meetings and out-of-session meetings; and
- ensuring records are stored in the appropriate TRIM container.

8 Quorum

The Chair will determine if a meeting is to proceed with the members available.

9 Meetings

The TPC will meet as required to discuss the recommendation for transfer to Australia of a transferee, refugee or non-refugee located in PNG or Nauru.

Members of the TPC may meet out-of-session to discuss and resolve issues about the ongoing health care of transferees, refugees or non-refugees located in PNG or Nauru or receiving treatment in a third country, however this is not a meeting of the TPC under this authority.

10 Submissions and Consultation

Submissions must be provided to the Secretariat before the requested meeting.

Submissions must include, as a minimum:

- the reasons for the request for transfer for medical treatment;
- information about the availability of treatment in PNG and Nauru;
- information on what treatment is available in the host country or a third country;
- information about the family composition of the individual concerned;

- information about the behaviour of the individual and their family members, so that the TPC can consider any risks relating to a potential transfer;
- information about the treatment required and its duration;
- where the recommendation for transfer has been made by a service provider contracted by the Commonwealth to provide medical services in regional processing countries, a second opinion from an independent medical practitioner;
- confirmation that there is no legal barrier to removing the transferee, refugee or non-refugee from the country in which they are residing; and
- the results of any initial contact with the hosting country's government about the potential transfer.

Submissions must clearly articulate any risks, opportunities and challenges and describe any disparate views. Wherever possible, papers should be circulated to Committee members at least 24 hours before the scheduled meeting.

11 Escalation

In situations where Members agree that a matter being considered by the TPC requires escalation to facilitate resolution, the matter will be referred to the Deputy Commissioner Support.

12 Document Control

Revision History

Version	Date	Author	Details
0.1	3 September 2017	Elizabeth Hampton	Redraft
0.2	12 September 2017	s. 22(1)(a)(ii)	Incorporate feedback and include third country options
	28 January 2018	Elizabeth Hampton	Redraft
	5 April 2018	Elizabeth Hampton	Redraft in anticipation of new HA structure

Document Endorsement and Approvals

Version	Date	Authority	Name
1.1			

General document information

Published date:	TBC
Availability:	TBC
Purpose:	TBC
Owner:	Offshore Operational Coordination Branch
Contact:	s. 47E(d)



**Australian
BORDER FORCE**

For Official Use Only

Detention, Regional Processing & Community Reporting

FOI – Babies born to Women Subject to Regional Processing on Nauru between October 2013 and 19 April 2018

Table 1 Babies born to Women Subject to Regional Processing on Nauru between October 2013 and 19 April 2018

Year of Birth	Country of Birth				Total
	Australia	Nauru	Papua New Guinea	Not Recorded	
2018	<5	<5	0	0	7
2017	17	14	0	<5	32
2016	9	11	<5	0	23
2015	41	10	<5	0	52
2014	33	0	0	0	33
2013	<5	0	0	0	<5
Total	106	38	<5	<5	149

Note 1: Figures are based on operational data provided as part of the RSD process by the government of Nauru, information is subject to changes following interactions with transferees throughout the process.

Note 2: Figures exclude babies born to IMA's who arrived before 19 July 2013.